United Nations

# Resolutions
and
# Decisions

adopted by the General Assembly
during its twenty-first special session

30 June to 2 July 1999

General Assembly
Official Records • Twenty-first Special Session
Supplement No. 2 (A/S-21/7)

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## NOTE

The resolutions and decisions of the General Assembly are identified as follows:

### Regular sessions

Until the thirtieth regular session, the resolutions of the General Assembly were identified by an arabic numeral followed by a roman numeral in parentheses indicating the session (for example: resolution 3363 (XXX)). When several resolutions were adopted under the same number, each of them was identified by a capital letter placed between the two numerals (for example: resolution 3367 A (XXX), resolutions 3411 A and B (XXX), resolutions 3419 A to D (XXX)). The decisions were not numbered.

Since the thirty-first session, as part of the new system adopted for symbols of General Assembly documents, resolutions and decisions have been identified by an arabic numeral, indicating the session, followed by an oblique stroke and another arabic numeral (for example: resolution 31/1, decision 31/301). When several resolutions or decisions were adopted under the same number, each of them has been identified by a capital letter placed after the two numerals (for example: resolution 31/16 A, resolutions 31/6 A and B, decisions 31/406 A to E).

### Special sessions

Until the seventh special session, the resolutions of the General Assembly were identified by an arabic numeral followed, in parentheses, by the letter "S" and a roman numeral indicating the session (for example: resolution 3362 (S-VII)). The decisions were not numbered.

Since the eighth special session, resolutions and decisions have been identified by the letter "S" and an arabic numeral indicating the session, followed by an oblique stroke and another arabic numeral (for example: resolution S-8/1, decision S-8/11).

### Emergency special sessions

Until the fifth emergency special session, the resolutions of the General Assembly were identified by an arabic numeral followed, in parentheses, by the letters "ES" and a roman numeral indicating the session (for example: resolution 2252 (ES-V)). The decisions were not numbered.

Since the sixth emergency special session, resolutions and decisions have been identified by the letters "ES" and an arabic numeral indicating the session, followed by an oblique stroke and another arabic numeral (for example: resolution ES-6/1, decision ES-6/11).

In each of the series described above, the numbering follows the order of adoption.

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In addition to the text of resolutions and decisions adopted by the General Assembly during its twenty-first special session, the present volume contains a checklist of resolutions and decisions.

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# I. AGENDA[1]

1. Opening of the session by the Chairman of the delegation of Uruguay.

2. Minute of silent prayer or meditation.

3. Credentials of representatives to the twenty-first special session of the General Assembly:

   (*a*) Appointment of the members of the Credentials Committee;

   (*b*) Report of the Credentials Committee.

4. Election of the President.

5. Report of the Commission on Population and Development acting as the preparatory committee for the twenty-first special session of the General Assembly.

6. Organization of the session.

7. Adoption of the agenda.

8. Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development.

9. Adoption of the final document.

[1] See also sect. IV. B, decision S-21/22.

## II. RESOLUTION ADOPTED ON THE REPORT OF THE CREDENTIALS COMMITTEE

**S-21/1. Credentials of representatives to the twenty-first special session of the General Assembly**

*The General Assembly*,

*Having considered* the report of the Credentials Committee and the recommendation contained therein,[1]

*Approves* the report of the Credentials Committee.

*7th plenary meeting*
*2 July 1999*

[1] A/S-21/4, para. 14.

# III. RESOLUTION ADOPTED ON THE REPORT OF THE AD HOC COMMITTEE OF THE WHOLE OF THE TWENTY-FIRST SPECIAL SESSION OF THE GENERAL ASSEMBLY[1]

**S-21/2. Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development**

*The General Assembly*

*Adopts* the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development annexed to the present resolution.

*9th plenary meeting*
*2 July 1999*

## ANNEX

### Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development

#### I. PREAMBLE

1. The Programme of Action of the International Conference on Population and Development,[2] approved by consensus on 13 September 1994, as contained in the report of the Conference and as endorsed by the General Assembly in its resolution 49/128 of 19 December 1994, marked the beginning of a new era in population and development. The objective of the landmark agreement reached at the Conference was to raise the quality of life and the well-being of human beings and to promote human development by recognizing the interrelationships between population and development policies and programmes aiming to achieve poverty eradication, sustained economic growth in the context of sustainable development, education, especially for girls, gender equity and equality, infant, child and maternal mortality reduction, the provision of universal access to reproductive health services, including family planning and sexual health, sustainable patterns of consumption and production, food security, human resources development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights.

2. The Programme of Action acknowledges that the goal of the empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself and is essential for the achievement of sustainable development. Greater investments in health and education services for all people, in particular women, to enable the full and equal participation of women in civil, cultural, economic, political and social life are essential to achieving the objectives of the Programme of Action.

3. The Programme of Action emphasizes that everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child, and therefore everyone should be provided with the education necessary to meet basic human needs and to exercise human rights. It calls for the elimination of all practices that discriminate against women, and affirms that advancing gender equality and equity and the empowerment of women, the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes. It affirms that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. It further affirms that reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of those rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning.

4. The International Conference on Population and Development and its implementation must be seen as being closely related to the outcome of and coordinated follow-up to the other major United Nations conferences held in the 1990s. Progress in the implementation of the Programme of Action should be supportive of and consistent with the integrated follow-up to all major United Nations conferences and summits.

5. The implementation of the recommendations contained in the Programme of Action and those contained in the present document is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

6. The Programme of Action recommended a set of interdependent quantitative goals and objectives. These included universal access to primary education, with special attention to closing the gender gap in primary and secondary school education, wherever it exists; universal access to primary health care; universal access to a full range of comprehensive reproductive health-care services, including family planning, as set out in paragraph 7.6 of the Programme of Action; reductions in infant, child and maternal morbidity and mortality; and increased life expectancy. The Programme of Action also proposed a set of qualitative goals that are mutually supportive and of critical importance to achieving the quantitative goals and objectives.

7. The Programme of Action articulates a comprehensive approach to issues of population and development, identifying a range of demographic and social goals to be achieved over a 20-year period. While the Programme of Action does not quantify goals for population growth, structure and distribution, it reflects the view that an early stabilization of

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[1] *Official Records of the General Assembly, Twenty-first Special Session, Supplement No.3* (S-21/5/Rev.1).

[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

world population would make a crucial contribution to realizing the overarching objective of sustainable development.

8. According to the United Nations estimates and projections, the world's population will exceed 6 billion for the first time in 1999, of which nearly 80 per cent will be living in developing countries. Depending on the quality and the magnitude of the actions taken over the next five to ten years in the areas of population policy and reproductive health, including the provision of family planning services, world population will total somewhere between 6.9 billion and 7.4 billion in 2015. The majority of the world's countries are converging in a pattern of low birth and death rates, but since these countries are proceeding at different speeds, the emerging picture is that of a world facing increasingly diverse demographic situations. The world's reproductive age population continues to grow at a slightly higher rate than the world's population as a whole, reflecting the large number of young people entering their childbearing years. The Programme of Action rightly emphasizes the need to integrate population concerns fully into development strategies and planning, taking into account the interrelationship of population issues with the goals of poverty eradication, food security, adequate shelter, employment and basic social services for all, with the objective of improving the quality of life of present and future generations through appropriate population and development policies and programmes.

9. The five-year review of progress shows that the implementation of the recommendations of the Programme of Action has shown positive results. Many countries have taken steps to integrate population concerns into their development strategies. Mortality in most countries has continued to fall in the five years since the adoption of the Programme of Action. The Conference's broad-based definition of reproductive health is being accepted by an increasing number of countries and steps are being taken to provide comprehensive services in many countries, with increasing emphasis being given to quality of care. The rising use of family planning methods indicates that there is greater accessibility to family planning and that more and more couples and individuals are able to choose the number and spacing of their children. Many countries, both countries of origin and countries of destination, have taken important steps, including, *inter alia*, at the regional level, aimed at better managing international migration flows through bilateral and multinational agreements. In addition, many civil society organizations are contributing to the formulation and implementation of policies, programmes and projects on their own or in partnerships with governmental and intergovernmental organizations as well as the private sector.

10. However, for some countries and regions, progress has been limited and, in some cases, setbacks have occurred. Women and the girl child continue to face discrimination. The human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic has led to rises in mortality in many countries, in particular in sub-Saharan Africa. Mortality and morbidity among adults and children from infectious, parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis, continue to take their toll. Maternal mortality and morbidity remain unacceptably high. Adolescents remain particularly vulnerable to reproductive and sexual risks. Millions of couples and individuals still lack access to reproductive health information and services. An increase in adult mortality, especially among men, is a matter of special concern for countries with economies in transition and some developing countries. The impact of the financial crises in countries of Asia and elsewhere, as well as the long-term and large-scale environmental problems in Central Asia and other regions, is affecting the health and well-being of individuals and limiting progress in implementing the Programme of Action. Despite the goal of the Programme of Action of reducing pressures leading to refugee movements and displaced persons, the plight of refugees and displaced persons remains unacceptable.

11. Achieving the goals and objectives of the Programme of Action will require sufficient domestic and external resources, committed government action and effective, transparent partnerships. In order to implement further the Programme of Action, a number of financial, institutional and human-resource constraints must be overcome. Implementing the key actions of the present document and addressing the full range of recommendations of the Programme of Action will require greater political commitment, development of national capacity, increased international assistance and increased domestic resources. Effective priority-setting, within each national context, is an equally critical factor for the successful implementation of the Programme of Action.

12. In implementing and taking forward the Programme of Action, an integrated approach should be adopted towards policy design, development planning, service delivery, research and monitoring to utilize scarce resources for greater added value and to promote intersectoral coordination.

13. The present document draws on the results and findings of intergovernmental reviews under the auspices of the United Nations, including the annual and quinquennial review and appraisal by the Commission on Population and Development and meetings and reports of the United Nations regional commissions regarding progress made and constraints faced in the implementation of the Programme of Action.

14. In recommending the key actions contained in the present document, Governments affirm their renewed and sustained commitment to the principles, goals and objectives of the Programme of Action. Governments and civil society at the national level, in partnership with the international community, should join in efforts to ensure that the goals and objectives of the International Conference on Population and Development are accomplished as soon as possible, with special attention to those that should be met within the twenty-year time-frame of the Programme of Action.

## II. Population and development concerns

### A. *Population, economic development and the environment*

15. Governments should:

(*a*) Intensify efforts to equip planners and decision makers with a better understanding of the relationships among population, poverty, gender inequity and inequality, health, education, the environment, financial and human resources, and development; and re-examine recent research concerning the relationships among reductions in fertility and economic growth and its equitable distribution;

(*b*) Draw attention to and promote linkages among macroeconomic, environmental and social policies through increased dialogue among finance ministries and other relevant ministries;

(*c*) Intensify efforts to implement legislative and administrative measures as well as to promote public education, with special attention to youth, about the need for sustainable production and consumption patterns; foster sustainable natural resource use; and work concertedly to prevent environmental degradation within their countries;

(*d*) Increase investments in the social sector, especially health and education, as an effective strategy for development;

(*e*) Develop and expand integrated community-based approaches to sustainable development.

16. Governments, in cooperation with the international community, should reaffirm their commitment to promoting an enabling environment to achieve sustained economic growth in the context of sustainable development and to eradicating poverty, with a special emphasis on gender, including by promoting an open, equitable, secure, non-discriminatory and predictable trading system; stimulating direct investment; reducing the debt burden; and ensuring that structural adjustment programmes are responsive to social, economic and environmental concerns. Population-related goals and policies outlined in the Programme of Action need to be reflected, as appropriate, in international agreements in such areas as environment and trade.

17. Governments of developing countries and countries with economies in transition, with the assistance of the international community, especially donors, including through bilateral and multilateral financial support, should ensure that social safety nets are implemented, especially in those countries most affected by the recent global financial crisis, and ensure that they are adequately funded.

18. Governments of developing countries and countries with economies in transition, with the assistance of the international community, especially donors, should:

(*a*) Continue to support declines in infant and child mortality rates by strengthening infant and child health programmes that emphasize improved prenatal care and nutrition, including breastfeeding, unless it is medically contraindicated, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention, reduction of exposure to toxic substances, and improvements in household sanitation; and by strengthening maternal health services, quality family-planning services to help couples to time and space births, and efforts to prevent transmission of HIV/AIDS and other sexually transmitted diseases;

(*b*) Strengthen health-care systems to respond to priority demands on them, taking into account the financial realities of countries and the need to ensure that resources are focused on the health needs of people in poverty;

(*c*) Determine the causes of the stagnation or increase in mortality levels among adult populations and develop special policies and programmes on health promotion where such stagnation or increase is observed, especially among women in reproductive age groups and males in productive age groups;

(*d*) Ensure that poverty eradication programmes are targeted particularly at females and that priority is given to female-headed households;

(*e*) Develop innovative ways to provide more effective assistance to strengthen families in extreme poverty, such as providing micro-credit for poor families and individuals;

(*f*) Undertake policies and programmes that seek to ensure a level of consumption that meets the basic needs of the poor and disadvantaged.

19. Measures should be taken to strengthen food, nutrition and agricultural policies and programmes, and fair trade relations, with special attention to the creation and strengthening of food security at all levels.

20. Governments should promote and protect the rights of indigenous people with particular regard to their cultures, resources, belief systems, land rights and languages.

B. *Changing age structure and ageing of the population*

21. Governments should:

(*a*) Continue to examine the economic and social implications of demographic change and how they relate to development planning concerns and the needs of individuals;

(*b*) Meet the needs of youth, especially young women, with the active support, guidance and participation, as appropriate, of parents, families, communities, non-governmental organizations and the private sector, by investing in the development and implementation of national, regional and local plans. In this context, priority should be given to programmes such as education, income-generating opportunities, vocational training, and health services, including those related to sexual and reproductive health. Youth should be fully involved in the design, implementation and evaluation of such programmes and plans. These policies, plans and programmes should be implemented in line with the commitments made at the International Conference on Population and Development and in conformity with the relevant international conventions and agreements. Emphasis should be placed on fostering intergenerational dialogue through better communication and mutual support;

(*c*) Support research and develop comprehensive strategies at the national, regional and local levels to meet, where appropriate, the challenges of population ageing. Invest more resources in gender-sensitive research as well as in training and capacity-building in social policies and health care of older persons, especially the elderly poor, paying special attention to the economic and social security of older persons, in particular older women; affordable, accessible and appropriate health-care services; the human rights and dignity of older persons and the productive and useful roles that they can play in society; support systems to enhance the ability of families and communities to care for older family members; the ability of the elderly to care for family members and community victims of HIV/AIDS; and generational solidarity with the goal of maintaining and improving social cohesion.

22. Governments and civil society, including non-governmental organizations and the private sector, should create opportunities and remove barriers that hinder elderly women and men from continuing to contribute their skills to their families, to the workforce and to their communities, in order to help to foster intergenerational solidarity and enhance the well-being of society. This will require life-long education and opportunities for retraining.

23. The United Nations system should, provided that additional resources are made available, document the positive experience of policies and programmes in the area of ageing of men and women and disseminate information and recommendations about those practices. Countries should be enabled, through adequate training and capacity-building, to evolve their own policies appropriate to their cultures, traditions and socio-economic circumstances.

### C. *International migration*

24. Governments in both countries of origin and countries of destination, including through international cooperation, are urged:

(*a*) To intensify efforts to protect the human rights and dignity of migrants irrespective of their legal status; provide effective protection for migrants; provide basic health and social services, including sexual and reproductive health and family-planning services; facilitate family reunification of documented migrants; monitor violations of the human rights of migrants; effectively enforce the laws applicable to the protection of human rights; and ensure the social and economic integration of documented migrants, especially of those who have acquired the right to long-term residence in the country of destination, and their equal treatment before the law. Non-governmental organizations should play a valuable role in meeting the needs of migrants;

(*b*) To prevent trafficking in migrants, in particular women and children subjected to forced labour or sexual or commercial exploitation; to develop clear penalties for such trafficking and migrant smuggling, backed by effective administrative procedures and laws, ensuring punishment of those who commit such crimes; and to finalize as soon as possible the trafficking and smuggling protocols which are currently being negotiated by the Commission on Crime Prevention and Criminal Justice;

(*c*) To support and ensure effective follow-up to bilateral and multilateral initiatives, including regional and subregional consultation processes, where appropriate, to develop national policies and cooperative strategies to maximize the benefits and manage the challenges posed by international migration;

(*d*) To conduct public information campaigns on migration in both countries of origin and countries of destination so that racist and xenophobic attitudes in countries of destination are combated and so that potential migrants fully understand the implications of the decisions to move;

(*e*) To consider ratifying or acceding to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,[3] if they have not already done so.

25. The international community should extend assistance and support to programmes in developing countries that host the majority of refugees and displaced persons. Assistance should also be extended to programmes in countries lacking the capacity to manage large flows of migrants and displaced persons.

26. All States are encouraged to become parties to the 1951 Convention[4] and the 1967 Protocol[5] relating to the Status of Refugees and put in place effective asylum procedures.

27. Governments, with the assistance of the international community, should intensify their efforts to improve data collection and analysis, including gender-based analysis, in the areas of international migration and, in this context, promote the implementation of the United Nations recommendations on statistics of international migration; encourage studies designed to assess the causes of international migration and displacement and the positive contribution that migration makes to both countries of origin and countries of destination; and improve understanding of the links between relevant factors that have an impact on international migration.

28. The international community should channel adequate support to effective programmes to address the causes of movement of refugees and displaced persons.

29. In planning and implementing refugee assistance activities, special attention should be given to the specific needs of refugee women and children and elderly refugees. Adequate and sufficient international support should be extended to meet the basic needs of refugee populations, including the provision of access to adequate accommodation, education, protection from violence, health services, including reproductive health and family planning, and other basic social services, including clean water, sanitation, and nutrition. Refugees should respect the laws and regulations of their countries of asylum. Governments are urged to abide by international law concerning refugees, *inter alia*, by respecting the principle of non-refoulement. In acknowledging refugees' rights to repatriation, their return and integration should be facilitated in cooperation with relevant international organizations.

### D. *Internal migration, population distribution and urban agglomerations*

30. Governments should carry out research to strengthen the understanding of the factors, trends and characteristics of internal migration and geographical distribution of the population in order to provide grounds for the formulation of effective population distribution policy.

31. Governments should improve the management and delivery of services for the growing urban agglomerations and put in place enabling legislative and administrative instruments and adequate financial resources to meet the needs of all citizens, especially the urban poor, internal migrants, older persons and the disabled.

32. Governments should strongly reaffirm the call in the Programme of Action that population distribution policies should be consistent with such international instruments as the Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949,[6] including article 49 thereof.

33. Governments should strongly reaffirm the call in the Programme of Action that countries should address the causes of internal displacement, including environmental degradation,

[3] Resolution 45/158, annex.

[4] United Nations, *Treaty Series*, vol. 189, No. 2545.

[5] Ibid., vol. 606, No. 8791.

[6] Ibid., vol. 75, No. 973.

natural disasters, armed conflict and forced resettlement, and establish the necessary mechanisms to protect and assist displaced persons, including, where possible, compensation for damages, especially for those who are not able to return to their normal place of residence in the short term and, where appropriate, facilitate their return and reintegration, with special attention to the needs of women and children.

### E. *Population, development and education*

34. Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the goal of the International Conference on Population and Development of achieving universal access to primary education, eliminate the gender gap in primary and secondary education by 2005 and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 per cent, compared with an estimated 85 per cent in 2000. Special efforts should be made to increase the retention rates of girls in primary and secondary school. Parents should be sensitized to the value of education of children, particularly of girls, so that the girls do achieve their full potential.

35. Governments, in particular of developing countries, with the assistance of the international community, should:

(*a*) Expand youth and adult education and lifelong culture- and gender-sensitive learning policies and programmes, with particular attention to migrants, indigenous people and people with disabilities;

(*b*) Include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, in order to implement further the Programme of Action in terms of promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, and protecting them from early and unwanted pregnancy, sexually transmitted diseases, including HIV/AIDS, and sexual abuse, incest and violence; and ensure the active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes;

(*c*) Reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990;

(*d*) Promote the achievement of functional literacy for adults as well as children, where schooling remains unavailable;

(*e*) Continue to give high priority to investments in education and training in development budgets;

(*f*) Provide adequately equipped facilities by rehabilitating existing schools and building new ones.

36. The Programme of Action recognized that greater public knowledge, understanding and commitment at all levels, from the individual to the international, are vital to the achievement of its goals and objectives. To this end, ensuring access to and use of modern communication technology, including satellite transmission and other communication mechanisms, should be studied and appropriate action taken as a means to address the barriers to education in developing countries, in particular, the least developed countries, with assistance from the international community.

### F. *Data systems, including indicators*

37. Governments, in collaboration with research institutions and non-governmental organizations, as well as with the assistance of the international community, including donors, should strengthen national information systems to produce reliable statistics on a broad range of population, environment and development indicators in a timely manner. The indicators should include, *inter alia*, poverty rates at the community level; women's access to social and economic resources; enrolment and retention of girls and boys in schools; access to sexual and reproductive health services disaggregated by population sub-groups, including indigenous people; and gender sensitivity in sexual and reproductive health services, including family planning. In addition, in consultation with indigenous people, Governments should establish and strengthen national statistics and data collection concerning the health of indigenous people, including sexual and reproductive health and their determinants. All data systems should ensure availability of age- and sex-disaggregated data, which are crucial for translating policy into strategies that address age and gender concerns and for developing appropriate age- and gender-impact indicators for monitoring progress. Governments should also collect and disseminate the quantitative and qualitative data needed to assess the status of male and female reproductive health, including in urban areas, and to design, implement, monitor and evaluate action programmes. Special attention should be given to maternal mortality and morbidity, as this database remains inadequate. Health and reproductive health data should be disaggregated by income and poverty status to identify the specific health profile and needs of people living in poverty and as a basis for focusing resources and subsidies on those who need them most.

38. The United Nations system and donors should be specifically urged to strengthen the capacity of developing countries, particularly the least developed countries, and those with economies in transition, to undertake censuses and surveys on a regular basis so as to improve vital registration systems, and to develop innovative and cost-effective solutions for meeting data requirements, especially for regular monitoring of the implementation of the goals of the International Conference on Population and Development, including improved estimates of maternal mortality.

## III. GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

### A. *Promotion and protection of women's human rights*

39. Governments should ensure that the human rights of women and girls are respected, protected and promoted through the development, implementation and effective enforcement of gender-sensitive policies and legislation. All Governments are encouraged to sign, ratify and implement the Convention on the Elimination of All Forms of Discrimination against Women[7] and are also encouraged to promote consideration by the Economic and Social Council and the

[7] Resolution 34/180, annex.

General Assembly of the Optional Protocol thereto,[8] and interested States parties are encouraged to work towards removing all existing reservations that are incompatible with the objective and purpose of the Convention. In the implementation of the goals of the Programme of Action and those of other United Nations conferences, measures aimed at promoting and achieving gender equality and equity in a systematic and comprehensive manner should be coordinated and harmonized.

40. The implementation of population and development policies by Governments should continue to incorporate reproductive rights in accordance with paragraphs 1.15, 7.3 and 8.25 of the Programme of Action. Governments should take strong measures to promote the human rights of women. Governments are encouraged to strengthen, as appropriate, the reproductive and sexual health as well as the reproductive rights focus on population and development policies and programmes. The work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women should incorporate issues related to sexual and reproductive health. Governments should ensure the protection and promotion of the rights of adolescents, including married adolescent girls, to reproductive health education, information and care. Countries should establish mechanisms for consultation with all relevant groups, including women's organizations. In this context, Governments are urged to incorporate human rights into both formal and informal education processes.

41. Governments, civil society and the United Nations system should advocate for the human rights of women and the girl child. Governments, in reporting to the human rights treaty bodies, are encouraged to consult, as appropriate, with civil society on and promote civil society awareness of the reporting process, to ensure the broadest representation in the area of human rights, including reproductive rights.

42. Governments should promote and protect the human rights of the girl child and young women, which include economic and social rights as well as freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation. Governments should review all legislation and amend and revoke that which discriminates against the girl child and young women.

### B. *The empowerment of women*

43. Governments should establish mechanisms to accelerate women's equal participation and equitable representation at all levels of the political process and public life in each community and society and enable women to articulate their concerns and needs and ensure the full and equal participation of women in decision-making processes in all spheres of life. Governments and civil society should take actions to eliminate attitudes and practices that discriminate against and subordinate girls and women and that reinforce gender inequality.

44. Governments should take measures to promote the fulfilment of girls' and women's potential through education, skills development and the eradication of illiteracy for all girls and women without discrimination of any kind, giving paramount importance to the elimination of poverty and ill health. Governments, in collaboration with civil society, should take the necessary measures to ensure universal access, on the basis of equality between women and men, to appropriate, affordable and quality health care for women throughout their life cycle.

45. Governments should take every possible action to remove all gender gaps and inequalities pertaining to women's livelihoods and participation in the labour market through the creation of employment with secure incomes, which has been shown to advance women's empowerment and enhance their reproductive health. Legislation ensuring equal pay for equal work or for work of equal value should be instituted and enforced.

### C. *Gender perspective in programmes and policies*

46. A gender perspective should be adopted in all processes of policy formulation and implementation and in the delivery of services, especially in sexual and reproductive health, including family planning. In this regard, the institutional capacity and expertise of staff in Government, civil society, including non-governmental organizations, and the United Nations system should be strengthened in order to promote gender mainstreaming. This should be done by sharing tools, methodologies and lessons learned in order to develop and strengthen their capacity and institutionalize effective strategies for gender-based analysis and gender mainstreaming. This includes the development and availability of gender-disaggregated data and appropriate indicators for monitoring progress at the national level.

47. The differential impact on women and men of globalization of the economy and the privatization of basic social services, particularly reproductive health services, should be monitored closely. Special programmes and institutional mechanisms should be put in place to promote and protect the health and well-being of young girls, older women and other vulnerable groups. The provision of services to meet men's reproductive and sexual health needs should not prejudice reproductive and sexual health services for women.

48. Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, which can result in harmful and unethical practices such as prenatal sex selection, discrimination and violence against the girl child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The girl child's access to health, nutrition, education and life opportunities should be protected and promoted. The role of family members, especially parents and other legal guardians, in strengthening the self-image, self-esteem and status and in protecting the health and well-being of girls should be enhanced and supported.

### D. *Advocacy for gender equality and equity*

49. Governments, parliamentarians, community and religious leaders, family members, media representatives, educators and other relevant groups should actively promote gender equality and equity. These groups should develop and strengthen their strategies to change negative and discriminatory attitudes and

[8] *Official Records of the Economic and Social Council, 1999, Supplement No. 7* (E/1999/27), chap. I, sect. A.

practices towards women and the girl child. All leaders at the highest levels of policy- and decision-making should speak out in support of gender equality and equity, including empowerment of women and protection of the girl child and young women.

50. All leaders at all levels, as well as parents and educators, should promote positive male role models that make it easier for boys to become gender-sensitive adults and enable men to support, promote and respect women's sexual and reproductive health and reproductive rights, recognizing the inherent dignity of all human beings. Men should take responsibility for their own reproductive and sexual behaviour and health. Research should be undertaken on men's sexuality, their masculinity and their reproductive behaviour.

51. Governments, donors and the United Nations system should encourage and support expansion and strengthening of women's grass-roots, community-based and advocacy groups.

## IV. Reproductive rights and reproductive health

The present section is especially guided by the principles of the Programme of Action.

### A. *Reproductive health, including family planning and sexual health*

52. Governments, in collaboration with civil society, including non-governmental organizations, donors and the United Nations system, should:

(*a*) Give high priority to reproductive and sexual health in the broader context of health-sector reform, including strengthening basic health systems, from which people living in poverty in particular can benefit;

(*b*) Ensure that policies, strategic plans and all aspects of the implementation of reproductive and sexual health services respect all human rights, including the right to development, and that such services meet health needs over the life cycle, including the needs of adolescents, address inequities and inequalities due to poverty, gender and other factors and ensure equity of access to information and services;

(*c*) Engage all relevant sectors, including non-governmental organizations, especially women's and youth organizations and professional associations, through ongoing participatory processes in the design, implementation, quality assurance, monitoring and evaluation of policies and programmes, in ensuring that sexual and reproductive health information and services meet people's needs and respect their human rights, including their right to access to good-quality services;

(*d*) Develop comprehensive and accessible health services and programmes, including sexual and reproductive health, for indigenous communities, with their full participation, that respond to the needs and reflect the rights of indigenous people;

(*e*) Increase investments designed to improve the quality and availability of sexual and reproductive health services, including establishing and monitoring clear standards of care; ensuring the competence, particularly the technical and communication skills, of service providers; ensuring free, voluntary and informed choices, respect, privacy, confidentiality and client comfort; establishing fully functioning logistical systems, including efficient procurement of necessary commodities; and ensuring effective referral mechanisms across services and levels of care, taking care that services are offered in conformity with human rights and with ethical and professional standards;

(*f*) Ensure that sexual and reproductive health programmes, free of any coercion, provide pre-service and in-service training and supervision for all levels of health-care providers to ensure that they maintain high technical standards, including for hygiene; respect the human rights of the people they serve; are knowledgeable and trained to serve clients who have been subjected to harmful practices, such as female genital mutilation and sexual violence; and are able to provide accurate information about the prevention and symptoms of reproductive tract diseases, as well as about personal hygiene and other factors in reproductive tract infections, in order to minimize adverse physical consequences such as pelvic inflammatory disease, infertility and ectopic pregnancy, as well as psychological consequences;

(*g*) Promote men's understanding of their roles and responsibilities with regard to respecting the human rights of women; protecting women's health, including supporting their partners' access to sexual and reproductive health services; preventing unwanted pregnancy; reducing maternal mortality and morbidity; reducing transmission of sexually transmitted diseases, including HIV/AIDS; sharing household and child-rearing responsibilities; and promoting the elimination of harmful practices, such as female genital mutilation, and sexual and other gender-based violence, ensuring that girls and women are free from coercion and violence;

(*h*) Strengthen community-based services, social marketing and new partnerships with the private sector while working to ensure that safety, ethical and other relevant standards are met; and provide subsidies from public resources and donor funds, as appropriate, to ensure availability and access for those otherwise unable to access services.

53. Governments, with assistance from the international community, should develop and use indicators that measure access to and choice of family-planning and contraceptive methods and indicators that measure trends in maternal mortality and morbidity and HIV/AIDS and use them to monitor progress towards the goal of the International Conference on Population and Development of universal access to reproductive health care. Governments should strive to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods, such as male and female condoms and microbicides if available, to prevent infection. By 2005, 60 per cent of such facilities should be able to offer this range of services, and by 2010, 80 per cent of them should be able to offer such services.

54. The United Nations system and donors should support Governments in the building of national capacity to plan, manage, implement, monitor and evaluate reproductive and sexual health services, including ensuring that all refugees and all other persons in emergency humanitarian situations, particularly women and adolescents, receive appropriate health care, including sexual and reproductive health care and

information, and greater protection from sexual and gender-based violence. They should also ensure that all health workers in relief and emergency situations are given basic training in sexual and reproductive health-care information and services.

55. Increased efforts are needed by the United Nations system, with support from the international community, to develop and agree upon common key indicators on reproductive health programmes, including, *inter alia*, family planning, maternal health, sexual health, sexually transmitted diseases, HIV/AIDS, and information, education and communication for appropriate consideration in the relevant intergovernmental process. Bearing in mind the efforts made by national Governments, the World Health Organization is invited to take the lead role in this area, in coordination with the United Nations Children's Fund, the United Nations Population Fund, the United Nations Development Programme, the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, the Department of Economic and Social Affairs of the Secretariat and other relevant United Nations entities, drawing on other expertise and knowledge as appropriate. Indicators on maternal and neonatal mortality, maternal morbidity and maternal health programmes should be given a prominent place, in order to monitor progress effectively and ensure that priority is given to reproductive health care in the provision of general health services. The international community is encouraged to provide financial and technical assistance to developing countries to improve their capacity-building in terms of indicators, data collection, monitoring, and evaluation in this field.

B. *Ensuring voluntary quality family-planning services*

56. Governments, in accordance with the Programme of Action, should take effective action to ensure the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information, education and means to do so.

57. The United Nations system and donors should, upon request, support Governments in:

(*a*) Mobilizing and providing sufficient resources to meet the growing demand for access to information, counselling, services and follow-up on the widest possible range of safe, effective, affordable and acceptable family planning and contraceptive methods, including new options and underutilized methods;

(*b*) Providing quality counselling services and ensuring ethical, professional and technical standards of care, as well as voluntary, free and informed choices in an atmosphere of privacy, confidentiality and respect;

(*c*) Strengthening programme management capacity, including logistical systems, to make services safer, more affordable and more convenient and accessible to clients and to ensure the availability and continuous supply of safe and effective contraceptives and other sexual and reproductive health supplies and, as appropriate, the raw material for them;

(*d*) Adequately strengthening social safety nets using resources and funds and, in the context of primary health care, ensuring the availability of and access to reproductive health services, including family planning, particularly for people most affected by poverty, the adverse impact of structural adjustment policies and financial crises, or otherwise unable to access services.

58. Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050. In attempting to reach this benchmark, demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients.

59. Governments, with the increased participation of the United Nations system, civil society, donors and the private sector, are urged to pursue the research and development of new, safe, low-cost and effective family-planning and contraceptive methods, for both men and women, including female-controlled methods that both protect against sexually transmitted diseases, including HIV/AIDS, and prevent unwanted pregnancy. All actors must abide by internationally accepted ethical, technical and safety standards in all research and development as well as, where appropriate, by applicable standards in manufacturing practices, quality control and product design, production and distribution.

60. The international community and the private sector should also take the necessary measures, particularly in the transfer of technology, as appropriate, to enable countries, in particular developing countries, to produce, store and distribute safe and effective contraceptives and other supplies essential for reproductive health services in order to strengthen the self-reliance of those countries.

61. The United Nations Population Fund is urged to continue to strengthen its leadership role within the United Nations system in assisting countries to take the strategic action necessary to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives.

C. *Reducing maternal mortality and morbidity*

62. Governments, with the increased participation of the United Nations system, civil society, including non-governmental organizations, donors and the international community, should:

(*a*) Recognize the linkages between high levels of maternal mortality and poverty and promote the reduction of maternal mortality and morbidity as a public health priority and reproductive rights concern;

(*b*) Ensure that the reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning. In health sector reform, the reduction of maternal mortality and morbidity should be prominent and used as an indicator for the success of such reform;

(*c*) Support public health education to create awareness of the risks of pregnancy, labour and delivery and to increase the understanding of the respective roles and responsibilities of family members, including men, as well as of civil society

and Governments, in promoting and protecting maternal health;

(*d*) Develop appropriate interventions, beginning at birth, to improve the nutritional, health and educational status of girls and young women, so that they are better able to make informed choices at maturity about childbearing and obtain access to health information and services;

(*e*) Implement programmes to address the negative impact of environmental degradation, in some regions, on the high levels of maternal mortality and morbidity.

63. (i) In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public-health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can be determined only at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions;

(ii) Governments should take appropriate steps to help women to avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counselling of women who have had recourse to abortion;

(iii) In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health.

64. In order to monitor progress towards the achievement of the goals of the International Conference on Population and Development for maternal mortality, countries should use the proportion of births assisted by skilled attendants as a benchmark indicator. By 2005, where the maternal mortality rate is very high, at least 40 per cent of all births should be assisted by skilled attendants; by 2010 this figure should be at least 50 per cent and by 2015, at least 60 per cent. All countries should continue their efforts so that globally, by 2005, 80 per cent of all births should be assisted by skilled attendants, by 2010, 85 per cent, and by 2015, 90 per cent.

65. In order to have a basis for cost-benefit analysis for interventions aimed at reducing maternal mortality, the societal costs of maternal deaths should be calculated. This should be done in cooperation with Governments, United Nations agencies and development banks, and the research community.

66. The World Health Organization, in cooperation with other relevant United Nations bodies, is urged to fulfil its leadership role within the United Nations system in assisting countries, in particular developing countries, to put in place standards for the care and treatment for women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery and to advise on functions that health facilities should perform to help guide the development of health systems to reduce the risks associated with pregnancy, taking into consideration the level of development and the economic and social conditions of countries. At the same time, United Nations agencies, including the United Nations Population Fund and the United Nations Children's Fund, and multilateral development banks, such as the World Bank, should intensify their role in promoting, supporting, advocating for and investing in action to improve maternal health.

### *D. Prevention and treatment of sexually transmitted disease, including human immunodeficiency virus/acquired immunodeficiency syndrome*

67. Governments, from the highest political levels, should take urgent action to provide education and services to prevent the transmission of all forms of sexually transmitted diseases and HIV and, with the assistance, where appropriate, of the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, develop and implement national HIV/AIDS policies and action plans, ensure and promote respect for the human rights and dignity of persons living with HIV/AIDS, improve care and support for people living with HIV/AIDS, including support services for home-based care, and take steps to mitigate the impact of the AIDS epidemic by mobilizing all sectors and segments of society to address the social and economic factors contributing to HIV risk and vulnerability. Governments should enact legislation and adopt measures to ensure non-discrimination against people living with HIV/AIDS and vulnerable populations, including women and young people, so that they are not denied the information needed to prevent further transmission and are able to access treatment and care services without fear of stigmatization, discrimination or violence.

68. Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health-care level. Gender, age-based and other differences in vulnerability to HIV infection should be addressed in prevention and education programmes and services. Governments should develop guidelines for HIV treatment and care, emphasizing equitable access, and for wide provision of and access to voluntary HIV testing and counselling services, and should ensure wide provision of and access to female and male condoms, including through social marketing. Advocacy and information, education and communication campaigns developed with communities and supported from the highest levels of Government should promote informed, responsible and safer sexual behaviour and practices, mutual respect and gender equity in sexual relationships. Special attention needs to be given to preventing

sexual exploitation of young women and children. Given the enhanced susceptibility to HIV/AIDS of individuals infected by conventional and treatable sexually transmitted diseases and the high prevalence of such diseases among young people, priority must be given to the prevention, detection, diagnosis and treatment of such infections. Governments should immediately develop, in full partnership with youth, parents, families, educators and health-care providers, youth-specific HIV education and treatment projects, with special emphasis on developing peer-education programmes.

69. While one of the most important interventions to reduce HIV infections in infants is primary prevention of infection, Governments should also scale up, where appropriate, education and treatment projects aimed at preventing mother-to-child transmission of HIV. Anti-retroviral drugs, where feasible, should be made available to women living with HIV/AIDS during and after pregnancy as part of their ongoing treatment of HIV/AIDS and provide infant-feeding counselling for mothers living with HIV/AIDS so that they can make free and informed decisions.

70. Governments, with assistance from the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

71. The private and public sectors should increase investments in research on the development of microbicides and other female-controlled methods, simpler and less expensive diagnostic tests, single-dose treatments for sexually transmitted diseases and vaccines. Governments, in particular of developing countries, with the support of the international community, should strengthen measures to improve generally the quality, availability and affordability of care of people living with HIV/AIDS.

72. In accordance with its mandate, the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome should be provided with financial resources in order to do the utmost to ensure a well-coordinated response from the United Nations system to the HIV/AIDS pandemic and to provide support to national programmes, particularly in developing countries.

### E. *Adolescents*

73. Governments, with the full involvement of young people and with the support of the international community, should, as a priority, make every effort to implement the Programme of Action in regard to adolescent sexual and reproductive health, in accordance with paragraphs 7.45 and 7.46 of the Programme of Action, and should:

(*a*) In order to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions;

(*b*) Continue to advocate for the protection and promotion of and support for programmes for adolescent health, including sexual and reproductive health; identify effective and appropriate strategies to achieve this goal; and develop gender- and age-based indicators and data systems to monitor progress;

(*c*) Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention, in accordance with paragraph 7.47 of the Programme of Action. Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth;

(*d*) Acknowledge and promote the central role of families, parents and other legal guardians in educating their children and shaping their attitudes and ensure that parents and persons with legal responsibilities are educated about and involved in providing sexual and reproductive health information, in a manner consistent with the evolving capacities of adolescents, so that they can fulfil their rights and responsibilities towards adolescents;

(*e*) With due respect for the rights, duties and responsibilities of parents and in a manner consistent with the evolving capacities of the adolescent and their right to reproductive health education, information and care, and respecting their cultural values and religious beliefs, ensure that adolescents, both in and out of school, receive the necessary information, including information on prevention, education, counselling and health services to enable them to make responsible and informed choices and decisions regarding their sexual and reproductive health needs, in order, *inter alia*, to reduce the number of adolescent pregnancies. Sexually active adolescents will require special family planning information, counselling and health services, as well as sexually transmitted diseases and HIV/AIDS prevention and treatment. Those adolescents who become pregnant are at particular risk and will require special support from their families, health-care providers and the community during pregnancy, delivery and early childcare. This support should enable these adolescents to continue their education. Programmes should involve and train all who are in a position

to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. These policies and programmes must be implemented on the basis of commitments made at the International Conference on Population and Development and in conformity with relevant existing international agreements and conventions;

(*f*) Countries should ensure that programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including for the prevention and treatment of sexually transmitted diseases, HIV/AIDS and sexual violence and abuse. Countries should, in this context, and in the context of paragraph 73 (*e*) of the present document, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.

74. Recognizing the growing and special needs of youth and adolescents, including reproductive and sexual health issues, and taking into account the special situations they face, the United Nations system and donors should complement Governments' efforts to mobilize and provide adequate resources to respond to those needs.

75. Governments, in consultation with national non-governmental organizations, including youth organizations where applicable, and with the required assistance of United Nations agencies, international non-governmental organizations and the donor community, should evaluate programmes and document experiences and develop data-collection systems to monitor progress, and widely disseminate information about the design and functioning of programmes and their impact on young people's sexual and reproductive health. United Nations agencies and donor countries should support regional and international mechanisms for sharing those experiences among all countries, especially among developing countries.

## V. Partnerships and collaborations

76. Governments are encouraged, in dialogue with non-governmental organizations and local community groups, and in full respect for their autonomy, to facilitate, as appropriate, the involvement of civil society at the national level in policy discussions and in the formulation, implementation, monitoring and evaluation of strategies and programmes to achieve Programme of Action objectives. Partnerships between Governments and multilateral and donor agencies and civil society need to be based, as appropriate, on delivering agreed outcomes that bring benefits to poor people's health, including reproductive and sexual health.

77. Governments, where appropriate, should include representatives of non-governmental organizations and local community groups in country delegations to regional and international forums where issues related to population and development are discussed.

78. Governments, civil society at the national level and the United Nations system should work towards enhancing and strengthening their collaboration and cooperation, with a view to fostering an enabling environment for partnerships for the implementation of the Programme of Action. Governments and civil society organizations should develop systems for greater transparency and information-sharing, so as to improve their accountability.

79. Governments are encouraged to recognize and support the important and complementary role that civil society at the national level can play towards changing attitudes and actions for further implementation of the Programme of Action

80. Governments are also encouraged to recognize and support the important and complementary role that civil society at the national level can play in helping communities to articulate and meet their needs for health care, including reproductive health care.

81. Governments and international organizations should create and support mechanisms to build and sustain partnerships with community-based organizations and non-governmental organizations committed to assisting women to establish and realize their rights, including those that relate to reproductive and sexual health, as well as other relevant organizations, the research community and professional organizations. Governments, civil society at the national level and the international community should together focus on human resources development and on building and strengthening national capacity to implement sustainable population and reproductive health programmes.

82. Governments and civil society organizations, where appropriate, are encouraged to design innovative approaches and build partnerships with, among others, the media, the commercial sector, religious leaders, local community groups and leaders, as well as youth, which can serve as effective advocates for the achievement of the goals and objectives of the Programme of Action.

83. With reference to paragraph 15.10 of the Programme of Action, Governments, international organizations and donors are encouraged to provide, in accordance with national laws and regulations and national development priorities, adequate financial and technical resources and information to build the human resources, institutional capacity and sustainability of civil society organizations, particularly women's and youth groups, in a manner not compromising their full autonomy, to facilitate their active involvement in the research, design, implementation, monitoring and evaluation of national population and development policies, programmes and activities. Like Governments, civil society organizations should also put in place transparency and accountability mechanisms to ensure that programme implementation is directly targeted to, and funds are used effectively for, national population and development programmes, as well as activities, services and evaluation procedures.

84. Governments, international organizations and civil society organizations at the national level, including non-governmental organizations, should encourage partnerships with the private and, where appropriate, the informal sector to strengthen their engagement and collaboration in the implementation of the Programme of Action. The private sector may assist the efforts of Governments, but it cannot substitute for the Government's responsibility to ensure and provide quality, full, safe, accessible, affordable and convenient health services, including reproductive health, family planning and sexual health services. Governments are encouraged to review relevant national laws, standards and regulations, as appropriate, to facilitate private-sector involvement and to seek to ensure that all health-care products

and services, including reproductive health products and services, meet internationally accepted standards.

85. Implementation of key elements of the Programme of Action must be tied closely to a broader strengthening of health systems. The public sector plays an important role in this regard and should be encouraged to define its role and to work more closely with the private and informal sectors to monitor and improve standards and to ensure that services are available and that their delivery is of good quality and affordable.

86. Recognizing its increasing role in providing reproductive health information, education, services and commodities, the private sector should ensure that its services and commodities are of high quality and meet internationally accepted standards; that its activities are conducted in a socially responsible, culturally sensitive, acceptable and cost-effective manner; that it fully respects various religions, ethical values and cultural backgrounds of each country's people; and that it adheres to basic rights recognized by the international community and recalled in the Programme of Action.

87. Parliamentarians and members of national legislatures are invited to ensure the legislative reform and expanded awareness-raising necessary for implementing the Programme of Action. They are encouraged to be advocates for the implementation of the Programme of Action, including through the allocation, as appropriate, of financial resources. There should be regular exchanges of experiences among parliamentarians at the subregional, regional, interregional and international levels, where appropriate.

88. External funding and support, from donor countries as well as the private sector, should be provided to promote and sustain the full potential of South-South cooperation, including the South-South initiative "Partners in Population and Development",[9] in order to bolster the sharing of relevant experiences, and the mobilization of technical expertise and other resources among developing countries. Updated information on institutions and expertise available within developing countries in the area of population and development, including reproductive health, should be compiled and disseminated.

89. All relevant bodies and entities of the United Nations system should continue to clarify, within existing mechanisms, their specific leadership roles and responsibilities and continue to strengthen their efforts to promote system-wide coordination and collaboration, especially at the country level. The intergovernmental work of the Commission on Population and Development should be reinforced, as should also the inter-agency coordination role of the United Nations Population Fund, in the field of population and reproductive health.

90. Governments, civil society organizations at the national level and the United Nations system are urged to consult youth organizations in the design, implementation and evaluation of policies and programmes for youth.

## VI. Mobilizing resources

91. Increased political will from all Governments and reaffirmation of the commitment for mobilization of international assistance, as was agreed at Cairo, are urgently needed to accelerate the implementation of the Programme of Action which, in turn, will contribute to the advancement of the broad population and development agenda.

92. All developed countries are urged to strengthen their commitment to the goals and objectives of the Programme of Action, in particular its cost estimates, and to make every effort to mobilize the agreed estimated financial resources required for its implementation; in so doing, the needs of least developed countries should receive priority.

93. All developing countries and countries with economies in transition are urged to strengthen their commitment to the goals and objectives of the Programme of Action, in particular its cost estimates, and to continue to make efforts to mobilize domestic resources. Developing and developed countries and countries with economies in transition are urged to promote international cooperation and to increase technical cooperation and transfer of technology through South-South cooperation, in order to implement fully the Programme of Action.

94. Donor countries and international funding agencies are urged to support the inclusion of South-South components in development cooperation programmes and projects so as to promote cost-effectiveness and sustainability.

95. Translation of commitment to the goals of the International Conference on Population and Development into commensurate levels of donor funding has not been forthcoming, and there is an urgent need for donor countries to renew and intensify efforts to meet the need for complementary external resources required to implement the costed elements of the Programme of Action, namely, in 1993 United States dollars, $5.7 billion in 2000, $6.1 billion in 2005, $6.8 billion in 2010 and $7.2 billion in 2015. Donor countries are also urged to increase significantly official development assistance funding for other elements of the Programme of Action as contained in chapter XIII thereof, in particular, improvement in the status and empowerment of women, basic health care and education, emerging and continued health challenges, such as malaria and other diseases identified by the World Health Organization as having a major impact on health, including those having the highest mortality and morbidity rates; and to intensify efforts to help countries to eradicate poverty. Donor countries are therefore urged to take the necessary action to reverse the current decline in overall official development assistance and should strive to fulfil the agreed target of 0.7 per cent of gross national product for overall official development assistance as soon as possible.

96. With full regard to their respective jurisdiction and mandates, legislators and other decision makers are encouraged to undertake measures to increase support for achieving the goals and objectives of the Programme of Action through legislation, advocacy and expanded awareness-raising and resource mobilization. Advocacy efforts should be increased at all levels, both national and international, to ensure that the resource goals are met.

97. Since the HIV/AIDS pandemic is having a more severe impact than was originally projected, special attention should be given to providing promptly the necessary resources, as has

[9] *Official Records of the Economic and Social Council, 1996, Supplement No. 13* (E/1996/33), part one, chap. XV, para. 198, decision 96/09.

been called for in the Programme of Action, for the prevention of sexually transmitted diseases and HIV. Particular attention should be given to vulnerable populations, especially children and young people. All countries affected by the pandemic must continue to make efforts to mobilize domestic resources from all sources in order to combat it. The international community is called upon to assist developing countries and countries with economies in transition in their efforts. Additionally, Governments and the donor community should intensify efforts to provide resources for care and support to those affected by HIV/AIDS and for specialized prevention needs.

98. The international community should provide the necessary financial and technical assistance to support developing countries and countries with economies in transition committed to implementing the goals and objectives of the Programme of Action. Special attention should be paid to the needs of Africa and the least developed countries, countries facing or suffering from emergency humanitarian situations and financial and economic crises, and those developing countries suffering from low commodity prices, as well as countries facing long-term and large-scale environmental problems.

99. Donor countries and international funding agencies, including the World Bank and the regional development banks, are urged to complement, at the request of countries, the domestic efforts made to meet the growing and urgent basic health and reproductive health needs, including reproductive health commodities, of the developing and the least developed countries, countries facing increasing demands for such commodities and a diminishing share of international assistance and countries with economies in transition.

100. Governments and the international community should encourage and promote additional ways and mechanisms to increase funding for population and development programmes, including sexual and reproductive health programmes, in order to ensure their sustainability. These could include, as appropriate: (*a*) advocacy for increased funding from international financial institutions and regional development banks; (*b*) selective use of user fees, social marketing, cost-sharing and other forms of cost recovery; and (*c*) increased involvement of the private sector. These modalities should facilitate access to services and should be accompanied by adequate social safety net measures to promote access to services by those living in poverty and other members of vulnerable groups. Consideration should also be given to more efficient and coordinated mechanisms to address the debt problem, including the reduction of the burden of external debt through various measures such as debt cancellation and debt swaps for population, health and other social sector investment to promote sustainable development.

101. Governments of recipient countries are encouraged to ensure that public resources, subsidies and assistance received from international donors for the implementation of the goals and objectives of the Programme of Action are invested to maximize benefits to the poor and other vulnerable population groups, including those who suffer disproportionately from reproductive ill health.

102. Utilizing existing coordinated mechanisms at the national level, as appropriate, donor countries, international agencies and recipient countries should continue to strengthen their efforts and their collaboration, so as to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible.

103. Governments, in cooperation with the United Nations Population Fund as appropriate, should seek to ensure full and regular monitoring of resource flows, paying particular attention to transparency and accountability for the costed population and reproductive health package included in the Programme of Action. Non-governmental organizations may provide the necessary information, as appropriate, in this regard.

104. Countries, especially developed countries, are urged to increase substantially their voluntary contribution to the United Nations Population Fund, as well as to other relevant United Nations programmes and specialized agencies, so that they will be in a better position to assist countries to implement further the goals and objectives of the Programme of Action, including reproductive health programmes.

105. Governments of developed and developing countries are encouraged to give thorough consideration to the implementation of the 20/20 initiative, a voluntary compact between interested donor and recipient countries, which can provide increased resources for broader poverty eradication objectives, including population and social sector objectives.[10]

106. Governments should implement policies that facilitate increased access to basic health services, including high-quality and affordable reproductive health and family planning services; promote effective interventions and support services, including private sector services, as appropriate; set standards for service delivery; and review legal, regulatory and import policies to identify and eliminate those policies that unnecessarily restrict or prevent the greater involvement of the private sector. Public sector resources and subsidies should have as a priority people living in poverty, under-served populations and low-income sectors of the population.

[10] See *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I.

# IV. DECISIONS

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## A. ELECTIONS AND APPOINTMENTS

### S-21/11. Appointment of the members of the Credentials Committee

At its 1st plenary meeting, on 30 June 1999, the General Assembly decided that the Credentials Committee for the twenty-first special session, appointed in accordance with rule 28 of the rules of procedure of the Assembly, would have the same membership as the Credentials Committee of the fifty-third regular session of the Assembly.

As a result, the Committee was composed of the following Member States: CHINA, FIJI, JAMAICA, MALI, NEW ZEALAND, RUSSIAN FEDERATION, UNITED STATES OF AMERICA, VENEZUELA and ZIMBABWE.

### S-21/12. Election of the President of the General Assembly[1]

At its 1st plenary meeting, on 30 June 1999, the General Assembly decided that the President of the Assembly at its fifty-third regular session would serve in the same capacity at the twenty-first special session.

[1] In accordance with rule 38 of the rules of procedure of the General Assembly, the General Committee consists of the President of the Assembly, the twenty-one Vice-Presidents and the Chairmen of the six Main Committees. See also decision S-21/15.

Mr. Didier OPERTTI (Uruguay) was therefore elected President of the General Assembly at its twenty-first special session.

### S-21/13. Election of the Vice-Presidents of the General Assembly[1]

At its 1st plenary meeting, on 30 June 1999, the General Assembly decided that the Vice-Presidents of the Assembly at its fifty-third regular session would serve in the same capacity at the twenty-first special session.

The representatives of the following twenty-one Member States were therefore elected Vice-Presidents of the General Assembly: BRUNEI DARUSSALAM, CAMEROON, CHINA, FRANCE, GEORGIA, GERMANY, LESOTHO, LIBERIA, MOROCCO, MYANMAR, NICARAGUA, RUSSIAN FEDERATION, SAN MARINO, SENEGAL, SURINAME, SYRIAN ARAB REPUBLIC, TURKMENISTAN, UGANDA, UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, UNITED STATES OF AMERICA and YEMEN.

### S-21/14. Election of the Chairmen of the Main Committees[1]

At its 1st plenary meeting, on 30 June 1999, the General Assembly decided that the Chairmen of the Main Committees of the fifty-third regular session would serve in the same capacity at the twenty-first special session.

The following persons were elected Chairmen of the Main Committees:

| | |
|---|---|
| *Special Political and Decolonization Committee (Fourth Committee)*: | Mr. Pablo MACEDO (Mexico) |
| *Second Committee:* | Mr. Bagher ASADI (Islamic Republic of Iran) |
| *Third Committee:* | Mr. Ali HACHANI (Tunisia) |
| *Fifth Committee:* | Mr. Movses ABELIAN (Armenia) |
| *Sixth Committee:* | Mr. Jargalsaikhany ENKHSAIKHAN (Mongolia). |

At the same meeting, the General Assembly was informed that in the absence of the Chairman of the First Committee, Ms. Akmaral ARYSTANBEKOVA (Kazakhstan), Vice-Chairperson of the Committee, would serve as Acting Chairperson of the Committee for the duration of the special session.

### S-21/15. Election of the officers of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly

At its 1st plenary meeting, on 30 June 1999, the General Assembly decided that the Bureau of the preparatory committee would serve as the Bureau of the Ad Hoc Committee of the Whole of the Twenty-first Special Session.

At the same meeting, the General Assembly elected the Chairman of the Ad Hoc Committee of the Whole.

Also at the same meeting, the General Assembly decided that the Chairman of the Ad Hoc Committee of the Whole would be a member of the General Committee of the twenty-first special session.

At its 1st meeting, on 30 June 1999, the Ad Hoc Committee of the Whole elected its other officers.

The following persons were therefore elected officers of the Ad Hoc Committee of the Whole:

*Chairman:*

Mr. Anwarul Karim CHOWDHURY (Bangladesh)

*Vice-Chairmen:*

Ms. Elza BERQUO (Brazil)
Ms. M. Patricia DURRANT (Jamaica)
Ms. Armi HEINONEN (Finland)
Mr. Ross HYNES (Canada)
Mr. Matia Mulumba SEMAKULA KIWANUKA (Uganda)
Mr. Alexandru NICULESCU (Romania)
Ms. Gabriella VUKOVICH (Hungary)
Mr. Jacob Botwe WILMOT (Ghana)
Mr. Ryuichiro YAMAZAKI (Japan).

At the same meeting, the Ad Hoc Committee of the Whole decided that Ms. VUKOVICH would also serve as Rapporteur.

## B. OTHER DECISIONS

### S-21/21. Organizational arrangements for the twenty-first special session of the General Assembly

At its 1st plenary meeting, on 30 June 1999, the General Assembly, on the recommendation of the Commission on Population and Development acting as the preparatory committee for the twenty-first special session,[2] approved the following organizational arrangements for the special session:

A. *President*

1. The twenty-first special session shall take place under the presidency of the President of the General Assembly at its fifty-third regular session.

B. *Vice-Presidents*

2. The Vice-Presidents of the General Assembly at its twenty-first special session shall be the same as those at its fifty-third regular session.

C. *Ad Hoc Committee of the Whole*

3. The General Assembly at its twenty-first special session shall establish an Ad Hoc Committee of the Whole of the Twenty-first Special Session. The Bureau of the Ad Hoc Committee of the Whole shall consist of one Chairman and nine Vice-Chairmen. The Bureau of the preparatory committee shall serve as the Bureau of the Ad Hoc Committee of the Whole.

D. *Credentials Committee*

4. The Credentials Committee of the twenty-first special session shall have the same membership as the Credentials Committee of the fifty-third regular session of the General Assembly.

E. *General Committee*

5. The General Committee of the twenty-first special session shall consist of the President, the twenty-one Vice-Presidents, the Chairmen of the six Main Committees and the Chairman of the Ad Hoc Committee of the Whole.

F. *Rules of procedure*

6. The rules of procedure of the General Assembly shall apply at the twenty-first special session.

G. *Debate in plenary*

7. Statements in the debate in plenary shall not exceed seven minutes.

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[2] See *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 1* (A/S-21/2), chap. V, sect. A.

H. *Participation of speakers other than Member States*

8. Observers may make statements in the debate in plenary.

9. Given availability of time and bearing in mind General Assembly decision 51/467 of 18 April 1997, a limited number of non-governmental organizations may also make statements in plenary, subject to the approval of the Assembly.

10. Representatives of the United Nations system may make statements in the Ad Hoc Committee of the Whole.

11. Representatives of non-governmental organizations may make statements in the Ad Hoc Committee of the Whole.

I. *Schedule of plenary meetings*

12. Nine plenary meetings shall be held over the three-day period, with three meetings per day according to the following schedule: 10 a.m. to 1 p.m., 3 p.m. to 6 p.m. and 7 p.m. to 9 p.m. Meetings of the Ad Hoc Committee of the Whole shall run parallel to the plenary meetings, if necessary.

### S-21/22. Adoption of the agenda

At its 1st plenary meeting, on 30 June 1999, the General Assembly adopted the agenda for the twenty-first special session.[3]

At the same meeting, the General Assembly decided:

(*a*) To consider directly in plenary meeting all the items on the agenda;

(*b*) To also allocate agenda item 8 to the Ad Hoc Committee of the Whole of the Twenty-first Special Session for its consideration.

### S-21/23. Participation of non-governmental organizations in the debate in plenary

At its 9th plenary meeting, on 2 July 1999, the General Assembly, on the proposal of the President of the Assembly, decided that three non-governmental organizations might make statements in the debate in plenary.

[3] A/S-21/1.

# ANNEX

## CHECKLIST OF RESOLUTIONS AND DECISIONS

This checklist includes the resolutions and decisions adopted by the General Assembly during its twenty-first special session. The resolutions and decisions were adopted without a vote.

## RESOLUTIONS


| *Resolution No.* | *Title* | *Item* | *Plenary meeting* | *Date of adoption* | *Page* |
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| S-21/1 | Credentials of representatives to the twenty-first special session of the General Assembly | 3 (*b*) | 7th | 2 July 1999 | 3 |
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## DECISIONS


| *Decision No.* | *Title* | *Item* | *Plenary meeting* | *Date of adoption* | *Page* |
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| S-21/12 | Election of the President of the General Assembly | 4 | 1st | 30 June 1999 | 20 |
| S-21/13 | Election of the Vice-Presidents of the General Assembly | 6 | 1st | 30 June 1999 | 20 |
| S-21/14 | Election of the Chairmen of the Main Committees | 6 | 1st | 30 June 1999 | 20 |
| S-21/15 | Election of the officers of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly | 6 | 1st | 30 June 1999 | 20 |
| | **B. Other decisions** | | | | |
| S-21/21 | Organizational arrangements for the twenty-first special session of the General Assembly | 6 | 1st | 30 June 1999 | 21 |
| S-21/22 | Adoption of the agenda | 7 | 1st | 30 June 1999 | 22 |
| S-21/23 | Participation of non-governmental organizations in the debate in plenary | 6 | 9th | 2 July 1999 | 22 |

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